

# ***The PBH Managed Care Experience***

## ***A Comparison to Non-Managed Care Local Managed Entities***

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*NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services*

# *The PBH Managed Care Experience: A Comparison to Non-Managed Care Local Management Entities*

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# The PBH Experience: A Comparison to Non-Managed Care LMEs

In June 2011 the North Carolina General Assembly passed House Bill 916, which instructed the Department of Health and Human Services to expand statewide the Medicaid 1915(b)(c) waiver that currently is in operation in the PBH Local Management Entity (LME) serving Cabarrus, Davidson, Rowan, Stanly, and Union counties. As this expansion begins, DHHS has received requests for information about the performance and outcomes of the PBH waiver experience in comparison to the other LMEs in the state not operating the waiver. The following tables address the most frequently requested areas of information: Access to Services, Expenditures, and Effectiveness.

## Access to Services

### Measure 1: Persons Receiving Services by Disability

The tables below present information on the number of persons in need of services and supports, the number of persons served, and the percentage of the population in need who received services (penetration rate) by age and disability group. For the past two report years PBH has exceeded the state average for the percentage of the population in need who received services for every age and disability category.

SOURCE: PBH Claims, Medicaid Fee-For-Service Claims, and State-funded Service Claims data, as reported in the Fourth Quarter SFY 2010 and SFY 2011 *Community Systems Progress Reports*. Individuals were counted once within each disability group based on the LME and age at first service in the year. Persons with multiple disabilities (e.g. MH and SA, MH and DD, etc.) were counted in all applicable columns.

SFY	Adult Mental Health						Child Mental Health					
	PBH			State Average*			PBH			State Average*		
	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served
2010	30,297	23,367	77%	386,353	195,827	51%	17,883	11,011	62%	222,796	112,674	51%
2011	30,313	24,293	80%	393,208	208,474	53%	16,903	11,405	67%	203,416	115,265	57%

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SFY	Adult Developmental Disability						Child Developmental Disability					
	PBH			State Average*			PBH			State Average*		
	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served
2010	4,360	2,563	59%	56,087	23,245	41%	4,753	1,429	30%	59,383	12,862	22%
2011	4,441	2,863	64%	59,084	24,085	41%	5,068	1,836	36%	61,218	13,306	22%

SFY	Adult Substance Abuse						Child Substance Abuse					
	PBH			State Average*			PBH			State Average*		
	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served	Persons in Need	Persons Served	Percent in Need Served
2010	46,885	7,661	16%	606,710	63,700	10%	4,249	538	13%	51,290	4,442	9%
2011	46,377	8,182	18%	609,513	69,647	11%	4,147	462	11%	48,000	4,524	9%

\* State Averages include PBH.

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## Measure 2: Persons with Intellectual and Developmental Disabilities Served and Waiting for Services

Currently the state provides support services for individuals with intellectual and developmental delays (I/DD) who qualify for Medicaid and have needs that could require institutional care through a CAP MR-DD waiver. PBH also offers support services for individuals meeting those criteria through a waiver program called Innovations. Because the NC General Assembly provides funding for a limited number of “slots”, both the CAP MR-DD waiver and the Innovations waiver have waiting lists. Below is a comparison of numbers of individuals served and on the waiting lists for the Innovations waiver and the CAP MR-DD waiver. Through its outreach efforts and the availability of B-3 services under the Waiver, PBH has identified a higher percentage of people in need of I/DD services than the rest of the state. As a result, PBH is both serving a greater proportion of its Medicaid population with I/DD than the rest of the state and also has more individuals waiting for I/DD services.

SOURCE: Wait List Data Source is DMH/DD/SAS LME I/DD Waitlist report, 8/2011; Population Data Source is NC Office of State Budget and Management [http://www.osbm.state.nc.us/ncosbm/facts\\_and\\_figures/socioeconomic\\_data/population\\_estimates/demog/countytotals\\_2010\\_2019.html](http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimates/demog/countytotals_2010_2019.html)

Individuals Receiving and Waiting for I/DD Services <sup>1</sup>					
LME	Medicaid Enrollees 7/1/10	Individuals Receiving I/DD Services	Rate Per 10,000 Enrollees	Individuals Waiting for Any I/DD Services	Rate Per 10,000 Enrollees
PBH	111,371	4,699	413.2	914	82.1
Statewide	1,573,015	37,391	237.7	10,076	64.1

<sup>1</sup>Individuals in the PBH catchment area are waiting for NC Innovations slots, state-funded (IPRS) or B-3 services. Statewide, individuals are waiting for CAP slots or state-funded (IPRS) services.

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Measure 3: Appeals

Within a managed care waiver environment Medicaid recipients have very clear appeals and due process rights that are protected by state and federal law. In addition to the current state Fair Hearings process PBH, as a waiver site, has a process called Reconsideration. Recipients must use the Reconsideration process before being able to use the State Fair Hearing process. A Local Management Entity-Managed Care Organization (LME-MCO) that denies, reduces, suspends, or terminates a service must notify the consumer. The consumer then has the right to appeal. Reconsideration involves a record review by the LME-MCO and must be conducted by a licensed professional who had no role in the original decision to reduce, deny, suspend, or terminate the service that is being appealed. During the process the consumer may examine his/her medical records and have discussions with the LME-MCO reviewer. Reconsideration can result in agreements on the types and amount of services and supports the consumer can receive.

The table below provides information on the results of the PBH reconsideration process.

PBH Reconsideration by Decision Type			
Decision Type	SFY 2009	SFY 2010	SFY 2011
Overtured Initial Decision	23	18	24
Upheld Initial Decision	31	74	13
Modified Initial Decision	6	5	0
Withdrew Appeal	2	3	1
<b>Total</b>	<b>62</b>	<b>100</b>	<b>38</b>

SOURCE: PBH Reconsideration data.

If the reconsideration process is unsuccessful the individual is offered the opportunity to accept Mediation. If Mediation is declined or is unsuccessful, the appeal proceeds to a hearing at the Office of Administrative Hearings (OAH). After the hearing an administrative law judge will make a recommendation regarding the case. The North Carolina Division of Medical Assistance (DMA) reviews the entire process and the recommendation from the OAH hearing. DMA will uphold or reverse the OAH decision and issue a written Final Agency Decision.

## The PBH Experience: A Comparison to Non-Managed Care LMEs

The tables below show the number of formal hearing requests and resolutions for PBH consumers for each stage of the appeals process. Because of differences between a managed care and non-managed care environment in this process, no standardized comparison of PBH to the rest of the state is possible.

<b>PBH Mediation Decisions by Decision Type</b>			
<b>Decision Type</b>	<b>SFY 2009</b>	<b>SFY 2010</b>	<b>SFY 2011</b>
Declined to Mediate	0	0	0
Modified Initial Decision	0	0	0
Petitioner did not Participate	0	1	1
Petitioner Unavailable	0	0	0
Referred to Formal Hearing	0	4	3
Upheld Initial Decision	0	0	0
Voluntary Dismissal	2	14	2
<b>Total</b>	<b>2</b>	<b>19</b>	<b>6</b>

<b>PBH Formal Hearing Decision by Decision Type</b>			
<b>Decision Type</b>	<b>SFY 2009</b>	<b>SFY 2010</b>	<b>SFY 2011</b>
Overtaken Initial Decision	0	3	0
Upheld Initial Decision	0	3	0
Voluntary Dismissal	0	0	0
<b>Total</b>	<b>0</b>	<b>6</b>	<b>0</b>

<b>PBH Final Agency Decisions by Decision Type</b>			
<b>Decision Type</b>	<b>SFY 2009</b>	<b>SFY 2010</b>	<b>SFY 2011</b>
Overtaken Initial Decision	0	1	0
Upheld Initial Decision	0	3	0
<b>Total</b>	<b>0</b>	<b>4</b>	<b>0</b>

SOURCE: DMA appeals data.

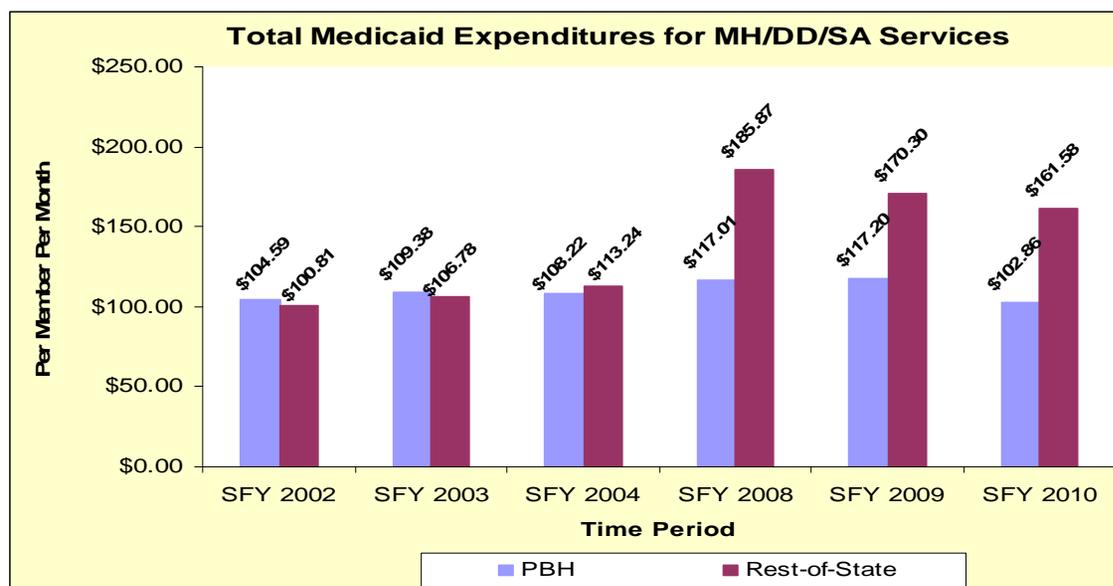
# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Expenditures

One of the goals of the 1915(b)(c) waiver is to provide services and supports in a cost effective manner. This can be looked at in several different ways: 1) the average cost to the State for care per member per month (PMPM), 2) the funds spent for each disability group, 3) funds spent on administration compared to funds spent on services, and how savings achieved under the waiver have been spent or “reinvested”.

### Measure 1: DHHS Medicaid Expenditures for PBH Compared to the Rest of the State

The graph below displays the State’s total service expenditures for behavioral health and intellectual /developmental disability services, comparing PBH with the rest of the state over time. There is a substantial difference in the average expenditures for care beginning in 2008, with expenditures remaining relatively stable at PBH, while expenditures soared across the rest of the state. The difference was due primarily to expenses associated with Community Support Services. PBH was able to manage and limit these services under a waiver while other LMEs did not have the management tools available in the 1915(b)(c) waiver.



SOURCE: Medicaid Service Claims data for time period specified in the table. Data for rest of State PMPM reflects an Incurred but Not Reported (IBNR) adjustment.

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Measure 2: Total Funds Spent Per Disability Group

The table below details total spending by PBH over a five year period on each population group, excluding the cost of services in state facilities.

For the I/DD population the amount of both Medicaid and State funds spent increased each year, as did the percentage of funds dedicated to I/DD services compared to the total service funding for all three population groups. Although Medicaid expenditures for the mental health population rose over the five year period, state expenditures fell, as did the percentage of funds dedicated to mental health services for both funding sources.

Expenditures for substance abuse services have increased over the five years as has the percentage of funds dedicated to substance abuse services.

### Total PBH Service Expenditures for SFY 2006 – SFY 2010

Disability Service Expense	SFY 2006	% of Total	SFY 2007	% of Total	SFY 2008	% of Total	SFY 2009	% of Total	SFY 2010	% of Total
<b>Intellectual and Developmental Disabilities</b>										
Medicaid	\$ 32,984,224	48%	\$ 38,517,752	50%	\$ 44,528,935	54%	\$ 46,690,213	54%	\$ 45,657,771	53%
State	\$ 7,226,244	31%	\$ 7,514,745	33%	\$ 8,756,500	36%	\$ 6,012,369	35%	\$ 5,659,534	39%
<b>Mental Health</b>										
Medicaid	\$ 34,761,967	50%	\$ 35,947,762	47%	\$ 36,131,993	44%	\$ 37,959,134	44%	\$ 38,334,250	44%
State	\$ 13,485,182	57%	\$ 12,008,902	52%	\$ 11,576,539	48%	\$ 8,337,637	48%	\$ 5,911,123	41%
<b>Substance Abuse</b>										
Medicaid	\$ 1,497,376	2%	\$ 1,866,825	2%	\$ 1,909,787	2%	\$ 2,316,380	3%	\$ 2,660,930	3%
State	\$ 2,826,274	12%	\$ 3,564,986	15%	\$ 3,932,731	16%	\$ 3,055,791	18%	\$ 2,897,328	20%
<b>Total</b>										
Medicaid	\$ 69,243,567	100%	\$ 76,332,339	100%	\$ 82,570,715	100%	\$ 86,965,727	100%	\$ 86,652,951	100%
State	\$ 23,537,700	100%	\$ 23,088,633	100%	\$ 24,265,770	100%	\$ 17,405,797	100%	\$ 14,467,985	100%

SOURCE: PBH paid claims, excluding cost of services provided in state facilities.. Individuals were counted once within each disability group. Persons with multiple disabilities (e.g. MH and SA, MH and DD, etc.) were included only in their primary disability category.

## The PBH Experience: A Comparison to Non-Managed Care LMEs

The table below compares the numbers of individuals served and the average cost of service per person in PBH and the rest of the state for SFY 2009 and SFY 2010. For all three disabilities, the average expenditure per person is lower in PBH than the rest of the state.

### PBH and Other LMEs' Expenditures per Person for SFY 2009 and SFY 2010

Disability	PBH		Rest of State	
	SFY 2009	SFY 2010	SFY 2009	SFY 2010
<b>Developmental Disability</b>				
<b>Medicaid Services</b>				
Number Served	1,271	1,346	25,507	28,952
Average Expenditures per Person	\$ 36,735	\$ 33,921	\$ 40,005	\$ 36,284
<b>State Services</b>				
Number Served	1,109	1,140	12,739	11,475
Average Expenditures per Person**	\$ 5,421	\$ 4,965	\$ 11,102	\$ 9,059
<b>Mental Health</b>				
<b>Medicaid Services</b>				
Number Served	10,359	11,302	202,238	214,694
Average Expenditures per Person	\$ 3,664	\$ 3,392	\$ 5,611	\$ 5,152
<b>State Services</b>				
Number Served	9,079	7,727	63,215	66,221
Average Expenditures per Person**	\$ 918	\$ 765	\$ 1,485	\$ 1,372
<b>Substance Abuse</b>				
<b>Medicaid Services</b>				
Number Served	1,522	1,820	16,382	19,462
Average Expenditures per Person	\$ 1,522	\$ 1,462	\$ 2,188	\$ 2,240
<b>State Services</b>				
Number Served	3,527	3,434	27,063	27,888
Average Expenditures per Person**	\$ 866	\$ 844	\$ 1,754	\$ 1,740

SOURCE: PBH paid claims, Medicaid Fee-For-Service claims, and State-funded service claims data reported in IPRS. Excludes cost of services provided in state facilities. Average expenditures per person reflect amount spent over a 12 month period for all individuals served regardless of length of time served. "Rest of State Average Expenditures per Person" based on data reported to MMIS and IPRS, which exclude non-unit-cost-reimbursements.

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## Measure 3: B3 Service Expenditures

One of the opportunities available in the 1915(b)(c) waiver is the ability to reinvest savings into providing services that Medicaid would not pay for outside of the waiver. These services are called “b3 services,” which references the section of Medicaid policy that allows for these additional services to be offered. B3 services offered by PBH include the following:

- Respite, Supported Employment
- Personal Care/Individual Support
- One-time Transitional Costs
- Psychosocial Rehabilitation/Peer Supports
- Physician Consultation
- De-Institutionalization service array.

The table below shows the (b)3 service expenditures and number of people served for SFY 2008 – SFY 2010.

SOURCE: PBH claims and financial data.

<b>PBH's 1915(b)3 Service Expenditures per Annual Financial Statements &amp; Number Served By State Fiscal Year</b>		
<b>SFY</b>	<b>Service Expenses</b>	<b>Number Served</b>
2008	\$ 625,996	203
2009	\$ 2,251,281	374
2010	\$ 3,593,370	574

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Measure 4: Expenditures for Services and Administration

The table below provides a comparison between Medicaid expenditures on services and Medicaid administrative costs of the last five years. Over the five year period, service expenditures and administrative expenditures increased by approximately one-third, while case management / care coordination expenditures decreased by half. Administrative costs averaged 8.9% of service expenditures over the five year period.

SOURCE: PBH financial statements. For more information see the PBH Annual Report at [www.pbhsolutions.org/annual/](http://www.pbhsolutions.org/annual/).

### PBH Medicaid Expenditures by Fiscal Year

	SFY 2006	% of Total	SFY 2007*	% of Total	SFY 2008**	% of Total	SFY 2009	% of Total	SFY 2010	% of Total
<b>Service Expenditures:</b>										
	74,213,160	84.7%	84,604,219	88.5%	95,752,238	90.2%	100,568,490	88.5%	99,640,134	88.0%
<b>Case Management / Care Coordination Expenditures:</b>										
Targeted Case Management	5,572,782	6.4%	2,020,481	2.1%	-	-	-	-	-	-
Care Coordination	-	-	-	-	2,513,843	2.4%	2,586,175	2.3%	2,631,322	2.3%
<b>Administrative Expenditures:</b>										
	7,862,980	9.0%	8,932,307	9.3%	7,861,928	7.4%	10,423,040	9.2%	10,971,456	9.7%
<b>Grand Medicaid Total:</b>										
	\$ 87,648,923	100.0%	\$ 95,557,007	100.0%	\$106,128,009	100.0%	\$113,577,705	100.0%	\$113,242,912	100.0%

NOTE: \* MH/SA Case Management was divested. \*\* Innovations Waiver Renewal - change to Administrative Case Management (Care Coordination)

## The PBH Experience: A Comparison to Non-Managed Care LMEs

The table below provides a comparison between State-funded expenditures for services and administrative costs of the last five years. Total State expenditures on both services and administration decreased by about \$4.8 million (-13%) over the five year period due to reductions in state funding. The increase in administrative expenditures during this period reflects the inclusion of care coordination starting in SFY 2007.

SOURCE: PBH financial statements. For more information see the PBH Annual Report at [www.pbhsolutions.org/annual/](http://www.pbhsolutions.org/annual/).

### PBH State-Funded Expenditures by Fiscal Year

	SFY 2006	% of Total	SFY 2007*	% of Total	SFY 2008**	% of Total	SFY 2009	% of Total	SFY 2010	% of Total
<b>Service Expenditures:</b>										
	34,528,478	90.4%	34,982,735	90.8%	34,844,256	91.5%	31,384,940	90.6%	29,848,005	89.4%
<b>Case Management Expenses</b>										
	688,771	1.8%	249,722	0.6%	-	-	-	-	-	-
<b>Administrative Expenditures:</b>										
	2,972,447	7.8%	3,297,297	8.6%	3,229,256	8.5%	3,272,740	9.4%	3,556,083	10.6%
<b>Grand State Total</b>										
	\$ 38,189,696	100.0%	\$ 38,529,754	100.0%	\$ 38,073,512	100.0%	\$ 34,657,680	100.0%	\$ 33,404,088	100.0%

NOTE: \* MH/SA Case Management was divested in 2006. Administrative case management / care coordination began in SFY 2007 and are reflected in administrative costs.

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## System Effectiveness

### Measure 1: System Performance – Access to Services

Measures related to access to services include 1) timely access to emergent care within 2 hours, urgent care within 48 hours and routine care within 14 days; 2) timely initiation in service (having 2 visits within 14 days); and 3) timely engagement in service (an additional 2 visits within the next 30 days) can be found in the table below. For the measure of Timely Access to Care, PBH and the state average met the stated goal for emergent care. While the state average showed a slight decrease in access to urgent care (84% to 81% from 2010 to 2011), PBH has seen access to urgent care increase from 76% in 2010 to 88% in 2011. Both PBH and rest of the state have seen a slight decrease in access to routine care, with PBH falling by 2% to 92%. This however, is significantly higher than the state average of 75%.

For timely initiation in service PBH is consistently higher than the rest of the state. PBH has seen a slight decrease for the time period for the Mental Health and I/DD populations (only 1%) but still is higher than the state average. For timely engagement in services PBH is above the state average for Mental Health population and below the state average for the I/DD and Substance Abuse populations for both years. Both PBH and the state average saw little or no gains in performance from 2010 to 2011.

SOURCE: “Timely Access to Care” measures are based on LMEs’ self-reports submitted to the Division of MH/DD/SAS each quarter. All other measures are based on PBH Claims, Medicaid Fee-For-Service claims, and State-funded service claims data. Details on all measures are reported in the Fourth Quarter SFY 2010 and SFY 2011 *Community Systems Progress Reports*. Details for the measures can be found in the Appendices of these reports.

Access to Services								
Measure	Expected Trend for Measure	4 <sup>th</sup> QTR	PBH			State		
			Emergent	Urgent	Routine	Emergent	Urgent	Routine
Timely Access to Care	↑	2010	87%	76%	94%	98%	84%	77%
		2011	100%	88%	92%	100%	81%	75%

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Initiation and Engagement in Services								
Measure	Expected Trend for Measure	4 <sup>th</sup> QTR	PBH			State		
			MH	DD	SA	MH	DD	SA
Timely Initiation in Service: 2 Visits within 14 Days	↑	2010	70%	71%	83%	42%	62%	62%
		2011	69%	72%	87%	43%	61%	64%
Measure	Expected Trend for Measure	4 <sup>th</sup> QTR	PBH			State		
			MH	DD	SA	MH	DD	SA
Timely Engagement in Service: 4 Visits within 45 Days	↑	2010	31%	40%	41%	26%	46%	44%
		2011	31%	40%	42%	27%	48%	46%

↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

### Measure 2: System Performance – Inpatient Services

Measures pertaining to inpatient care include 1) the effective use of state psychiatric hospitals as evidenced by the reduction of short term (1-7 day); 2) state psychiatric hospital readmissions; and 3) timely follow-up (within 7 days) after inpatient care can be found in the table below. As shown by the blue shaded cells, for short term hospital stays of 1-7 days PBH was close to the state average in 2010, but was more effective than the rest of the state in 2011 (16% received this short stay in PBH compared to the state average of 22%).

In 2010, readmissions within 30 and 180 days were both somewhat better for PBH than the state average; however, the opposite is true in 2011. For timely follow-up to care after release from an ADATC, both PBH and the state as a whole showed a decline over the two-year time period. In 2010, PBH performed significantly better than the state average in follow-up care after release from an ADATC (75% for PBH compared to state average of 44%). In the 4<sup>th</sup> quarter of 2011, only one person from PBH was admitted to an ADATC. For state psychiatric hospitals, PBH has performed above the state average for both years but there has been a decrease in follow-up care over the two-year period for both PBH and the state as a whole.

# The PBH Experience: A Comparison to Non-Managed Care LMEs

SOURCE: The information on effective use of state hospitals and timely follow-up after inpatient care comes from Medicaid, PBH, and State Service Claims data for the time period specified in the table. The information on state hospital readmissions comes from the Healthcare Enterprise Accounts Receivable Tracking System (HEARTS) for discharges in the time period specified.

In the charts below, ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

Use of State Psychiatric Hospitals				
Measure	Expected Trend for Measure	4th QTR	PBH	State
Effective Use of State Hospitals: 7 Days of Care or Less	↓	2010	33%	34%
		2011	16%	22%

State Psychiatric Hospital Readmissions						
Measure	Expected Trend for Measure	4th QTR	PBH		State	
			Readmitted w/i 30 Days	Readmitted w/i 180 Days	Readmitted w/i 30 Days	Readmitted w/i 180 Days
State Hospital Readmissions	↓	2010	4%	12%	7%	18%
		2011	13%	20%	6%	16%

Follow-Up After Inpatient Care						
Measure	Expected Trend for Measure	4th QTR	PBH		State	
			ADATCs	State Hospitals	ADATCs	State Hospitals
Timely Follow-Up After Inpatient Care: Seen within 7 Days	↑	2010	75%	76%	44%	53%
		2011	Insufficient cases	61%	41%	50%

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Measure 3: System Performance – Emergency Department Admissions for SFY 2007 – SFY 2010

The table below compares PBH with the rest of the state by the rate at which individuals with a MH, DD, and/or SA diagnosis required an admission to an emergency department. **A lower rate is preferable because it suggests that individuals are receiving supports in community settings.** PBH admissions for mental health started out at a higher rate in 2007 and have decreased over time to slightly below the state rate. The admission rate for individuals with I/DD has increased for both the state and PBH, but the rate for PBH is higher. For substance abuse admissions, the rate has increased for both the state and PBH, but the PBH rate is lower.

SOURCE: North Carolina Disease Event Tracking and Epidemiological Collection Tool (NC DETECT). Data are submitted by 111 of the 114 the community hospitals in North Carolina with emergency departments. All of the hospitals in the PBH catchment area are included.

Admission Rates Per 10,000 Population for Individuals With Any (Primary or Co-Occurring) <sup>1</sup> Behavioral Health Diagnosis						
4 <sup>th</sup> QTR	Mental Health		Intellectual and Developmental Disabilities		Substance Abuse	
	PBH	State	PBH	State	PBH	State
2007	93.9	85.3	*	*	26.4	29.8
2008	99.3	92.9	*	*	31.3	31.3
2009	106.4	104.3	8.2	7.7	27.7	31.8
2010	108.3	110.4	9.8	8.9	29.5	34.4

<sup>1</sup>Primary or Co-occurring behavioral health diagnosis indicates that the behavioral health diagnosis can appear as one of any eleven ICD-9 diagnostic codes that can be reported from the emergency department visit.

## Measure 4: I/DD Consumers' and Families' Perceptions of Care for SFY 2010

The National Core Indicator surveys were developed to measure the quality of services, as reported by people aged 18 years and older with developmental disabilities and their families.

The following tables show results on a few core indicators for PBH and all other LMEs. Overall, PBH performed better than other LMEs, as shown by the blue shaded cells, with the exception of one measure in each of the three domains,.

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SOURCE: SFY 2010 National Core Indicators Adult Consumer Survey. The information comes from a report prepared by Human Services Research Institute (HSRI) comparing PBH to all other LMEs for the 2009-10 survey year. For more information on the National Core Indicators project, visit <http://www.hsri.org/project/national-core-indicators/overview/>.

Selection of National Core Indicator Survey Results: PBH Compared to All Other LMEs (Survey Year 2009-10)					
Domain	Subdomain	Indicator	Expected Trend for Measure	PBH	All Other LMEs*
Consumer Outcomes	Community Inclusion (Section II)	The proportion of people who go out on errands or appointments	↑	86%	79%
	Choice and Decision-Making (Section II)	The proportion of people who chose (or had input in choosing) the place where they live	↑	68%	42%
		The proportion of people who chose (or had input) in choosing their job	↑	60%	76%
		The proportion of people who chose (or had input in choosing) the staff who help them at work	↑	67%	65%
System Performance	Service Coordination (Section I)	The proportion of people who report participating in their Person-Centered plan	↑	88%	80%
	Access	The proportion of people who report that they do not get the services they need (Section II)	↓	41%	26%
		The proportion of people who report having adequate transportation when they want to go somewhere (Section I)	↑	88%	80%
Health, Welfare, and Rights	Safety (Section I)	The proportion of people who report that they feel safe at home	↑	88%	95%
	Health (Background)	The proportion of people who saw their dentist in the past six months	↑	84%	78%
	Wellness (Background)	The proportion of people who are physically inactive	↓	32%	43%

\*Note: "All other LMEs excludes PBH.

# The PBH Experience: A Comparison to Non-Managed Care LMEs

## Measure 5: NC-TOPPS Service Outcomes for Substance Abuse Consumers SFY 2006 v. SFY 2010

The tables below present consumer-level outcomes for adolescents and adults receiving substance abuse services. A shaded cell indicates that the item is only applicable at one point in time (i.e. not asked at the initial interview). The table indicates when less than 20 consumers responded to the question. For such low numbers, percentages are not calculated. In 2006, PBH had less than 20 adolescent substance abuse consumers entered in NC-TOPPS for all of the measures and less than 20 adult substance abuse consumers for certain measures. This has improved over the past couple of years so that data was available for both consumer groups for the most recent year (2010).

As there were not enough cases for analysis in 2006, comparisons between PBH and the state can only be made for 2010. For the majority of the measures below, adolescent SA consumers in PBH reported better rates at the Initial and Update interviews than the state as a whole. However, for the quality of life measures (physical health, emotional health, and family relationships) PBH did not show improvement while the state average did see some improvement from the Initial to the 3-Month Update. The state also showed higher rates than PBH on all three helpfulness of services measures. While there was not much difference between PBH and the state average on emergency room use, PBH did not show the same level of improvement as the state average on the alcohol, other drug and tobacco use measures.

For adult SA consumers, PBH did not show as much improvement as the state from the Initial to the 3-Month Update in the three quality of life measures. As with adolescent consumers, the state showed higher rates than PBH on all three helpfulness of services measures and there was not much difference when compared with the state average on the measures related to emergency room use, and alcohol, other drug, and tobacco use.

SOURCE: This information comes from NC-TOPPS data for the time period specified in the table. For more data on consumer outcomes for substance abuse consumers, visit the “NC-TOPPS Outcomes at a Glance” dashboard located on the NC-TOPPS home page at <http://www.ncdhhs.gov/mhddsas/nc-topps/>.

In the charts below, ↑ Goal is to increase the percentage ↓ Goal is to decrease the percentage

Measure	Expected Trend for Measure	Year	Adolescent Substance Abuse				Adult Substance Abuse			
			PBH		State		PBH		State	
			Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update
Consumer's Rating of Physical Health as Good/Excellent	↑	2006	< 20 cases		29%	28%	< 20 cases		51%	69%
		2010	97%	96%	85%	92%	56%	58%	47%	60%

## The PBH Experience: A Comparison to Non-Managed Care LMEs

Measure	Expected Trend for Measure	Year	Adolescent Substance Abuse				Adult Substance Abuse			
			PBH		State		PBH		State	
			Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update
Consumer's Rating of Emotional Health as Good/Excellent	↑	2006	< 20 cases		47%	52%	< 20 cases		48%	65%
		2010	76%	72%	49%	66%	42%	47%	31%	52%
Consumer's Rating of Family Relationships as Good/Excellent	↑	2006	< 20 cases		46%	52%	< 20 cases		45%	68%
		2010	66%	66%	48%	64%	56%	58%	42%	57%
Consumer's Rating on Helpfulness of Services in Improving Quality of Life	↑	2006	< 20 cases			33%	< 20 cases			71%
		2010		25%		42%		29%		58%
Consumer's Rating on Helpfulness of Services in Increasing Control over Life	↑	2006	< 20 cases			36%	< 20 cases			62%
		2010		17%		40%		30%		54%
Consumer's Rating on Helpfulness of Services in Increasing Hope for Future	↑	2006	< 20 cases			39%	< 20 cases			72%
		2010		22%		47%		36%		60%
Visits to Emergency Room	↓	2006	< 20 cases		15%	13%	< 20 cases		22%	16%
		2010	13%	7%	12%	7%	20%	13%	25%	15%
Alcohol Use	↓	2006	< 20 cases		54%	13%	67%	8%	63%	19%
		2010	46%	13%	46%	11%	63%	18%	64%	19%
Other Drug Use	↓	2006	< 20 cases		92%	41%	63%	13%	72%	21%
		2010	79%	32%	89%	35%	59%	25%	72%	23%
Tobacco Use	↓	2006	< 20 cases		58%	39%	83%	75%	75%	62%
		2010	50%	44%	51%	36%	65%	52%	63%	52%

# The PBH Experience: A Comparison to Non-Managed Care LMEs

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## Measure 6: NC-TOPPS Service Outcomes for Mental Health Consumers SFY 2006 v. SFY 2010

The tables below present consumer-level outcomes for adolescents and adults receiving mental health services. A shaded cell indicates that the item is only applicable at one point in time (i.e. not asked at the initial interview). The table indicates when less than 20 consumers responded to the question. For such low numbers, percentages are not calculated. In 2006, PBH had less than 20 adolescent mental health consumers entered in NC-TOPPS for all of the measures and less than 20 adult mental health consumers for certain measures. This has improved over the past couple of years so that data was available for both consumer groups for the most recent year (2010).

As there was not enough adolescent MH consumers entered in NC-TOPPS in 2006, comparisons between PBH and the state can only be made for 2010. As with adolescent SA consumers, for the majority of the measures below, PBH reported better rates at the Initial and Update interviews than the state as a whole for adolescent MH consumers. However, for the quality of life measures (physical health, emotional health, and family relationships) PBH did not exemplify the same rate of improvement as the state from the Initial to the 3-Month Update. The state had only slightly higher rates than PBH on all three helpfulness of services measures. PBH fared a little better than the state with increasing the percent of consumers stating their mental health symptoms improved from the Initial to the 3-Month Update interviews. There was not much difference between PBH and the state average on suicidal ideation or emergency room use.

For adult MH consumers, the performance of PBH and the state average did improve from 2006 to 2010 on the three quality of life measures but the performance on the remaining measures declined or was stagnant for both PBH and the state from 2006 to 2010. In the most recent time period (2010) for the majority of the measures below, adult MH consumers in PBH reported better rates at the Initial and Update interviews than the state as a whole. The state showed stronger performance than PBH on all three quality of life measures and had higher ratings on the helpfulness of services measures in 2010. But, PBH fared better than the state with increasing the percent of consumers stating their mental health symptoms improved from the Initial to the 3-Month Update interviews. There was not much difference between PBH and the state average on suicidal ideation or emergency room use for adult MH consumers.

SOURCE: This information comes from NC-TOPPS data for the time period specified in the table. For more data on consumer outcomes for mental health consumers, visit the “NC-TOPPS Outcomes at a Glance” dashboard located on the NC-TOPPS home page at <http://www.ncdhhs.gov/mhddsas/nc-topps/>.

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↑ Goal is to increase the percentage    ↓ Goal is to decrease the percentage

Measure	Expected Trend for Measure	Year	Adolescent Mental Health				Adult Mental Health			
			PBH		State		PBH		State	
			Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update	Initial	3-Month Update
Consumer's Rating of Physical Health as Good/Excellent	↑	2006	< 20 cases		80%	83%	46%	43%	41%	45%
		2010	85%	83%	77%	81%	43%	45%	30%	40%
Consumer's Rating of Emotional Health as Good/Excellent	↑	2006	< 20 cases		39%	53%	48%	42%	30%	42%
		2010	40%	56%	28%	47%	25%	30%	14%	28%
Consumer's Rating of Family Relationships as Good/Excellent	↑	2006	< 20 cases		44%	47%	58%	56%	47%	52%
		2010	47%	51%	29%	41%	42%	44%	26%	36%
Consumer's Rating on Helpfulness of Services in Improving Quality of Life	↑	2006	< 20 cases			44%		61%		57%
		2010		34%		38%		31%		48%
Consumer's Rating on Helpfulness of Services in Increasing Control over Life	↑	2006	< 20 cases			35%		42%		46%
		2010		32%		34%		30%		41%
Consumer's Rating on Helpfulness of Services in Increasing Hope for Future	↑	2006	< 20 cases			42%		52%		51%
		2010		36%		43%		36%		50%
None/Mild MH Symptoms	↑	2006	< 20 cases		32%	38%	35%	43%	24%	34%
		2010	30%	44%	23%	30%	21%	34%	12%	19%
Experienced Suicidal Thoughts	↓	2006	< 20 cases		21%	11%	31%	23%	31%	22%
		2010	17%	8%	18%	9%	32%	25%	41%	25%
Visits to Emergency Room	↓	2006	< 20 cases		10%	7%	27%	31%	19%	16%
		2010	17%	12%	11%	9%	29%	18%	27%	17%

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## Measure 7: MH / SA Consumers' and Families' Perceptions of Care for SFY 2008 – SFY 2010

The Consumer Perception of Care survey provides information on the quality of care in each LME's catchment area based on perceptions of individuals and their families who have received mental health and/or substance abuse services. The information is collected annually from adults (ages 18 and over), youth (ages 12-17), and parents of children under 12 years of age. Consumer satisfaction ratings are listed in the table below for the following three domains: Access to Services, Outcomes, and Treatment Planning for 2008, 2009, and 2010. In most points in time across all age groups, PBH is very comparable to the state average for the Access to Services and Treatment Planning domains. On the Outcome domain PBH started lower than the state for all age groups but has improved in the area of Adult and Youth to be or above at the current state average. They have not shown improvement for the Parent of a Child group and remain below the state average.

SOURCE: The information in the table below comes from the Consumer Perception of Care Survey for the time period specified.

Consumer Perception of Care Survey Results by Domain				
Domain	Survey	Year	% Positive for Domain	
			PBH	State
Access to Services	Adult	2008	85%	88%
		2009	86%	87%
		2010	85%	88%
	Youth (12-17)	2008	81%	85%
		2009	81%	83%
		2010	74%	84%
	Parent of Child	2008	86%	92%
		2009	88%	91%
		2010	100%	94%
Outcomes	Adult	2008	62%	73%
		2009	67%	73%
		2010	76%	76%
	Youth (12-17)	2008	62%	73%
		2009	57%	73%
		2010	87%	71%
	Parent of Child	2008	53%	70%
		2009	59%	68%
		2010	50%	73%

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Consumer Perception of Care Survey Results by Domain				
Domain	Survey	Year	% Positive for Domain	
			<i>PBH</i>	<i>State</i>
Treatment Planning	Adult	2008	84%	86%
		2009	84%	85%
		2010	82%	87%
	Youth (12-17)	2008	80%	81%
		2009	77%	81%
		2010	89%	78%
	Parent of Child	2008	94%	95%
		2009	91%	94%
		2010	100%	93%